

5c4/920

1c997 U.S. PTO

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			10-16-01
FORMALITY REVIEW	MH	920	10-30-01
RESPONSE FORMALITY REVIEW	SA	JC1039	12/31/01
	TA	1117	02-12-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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50	✓

Claim	Date
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Claim	Date
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Rev. CC 1114 12-31-01

901  
12/16/01  
617  
2-12-02

If more than 150 claims or 10 actions  
staple additional sheet here

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